

DOCUMENT 2
NYSDOH HEALTH PROVIDER NETWORK (HPN)
INDIVIDUAL USER
SECURITY AND USE POLICY and APPLICATION

I. INTRODUCTION

This document describes the policy that individual users of the HPN must agree to in order to get an HPN account. At the end of this document you will find the Individual User Application. You are eligible to apply for HPN Individual User status if your organization is an HPN Participant Organization, and you have been designated by your organization as an individual user.

This policy is designed to help prevent unauthorized use of the data accessible using the HPN.

Completed documents will be reviewed by the specific program area shown on the cover letter.

II. SECURITY

Each designated user must complete section VI of this document.

Authorized HPN users will be assigned a user ID, a Personal Identification Number (PIN), and a password by the NYSDOH. These codes are unique for every user and must **not** be shared with others.

Because NYSDOH uses these codes to manage and control access to data, including confidential information, NYSDOH must be notified immediately if a user suspects that any of these secret access codes have been compromised.

HPN users must respect the privacy of, and keep confidential, data and information accessed on the HPN.

The HPN has routines in place to prevent unauthorized access of HPN data. Users will not attempt to circumvent these routines.

Users accessing the NYSDOH HPN network shall not intentionally seek information on, obtain copies of, or identify files, data or identification codes belonging to other users.

Users shall not seek means to gain access to information present on the HPN for which they have not been authorized.

For both security and performance reasons, logs are kept of all HPN accesses. Users, therefore, understand and agree to the fact that these logs and monitoring sessions can trace their activities on the HPN.

Using the HPN without authority is a violation of this policy.

Users must notify the HPN coordinator immediately of any change of employment or duties that affect authorized HPN access. To notify NYSDOH call 1-866-529-1890.

III. USAGE

The HPN is a series of electronic data collection and distribution systems developed by various program areas within NYSDOH. Access to data via the HPN shall be authorized by the NYSDOH program area that is responsible for collection and maintenance of that data. The same program area is also responsible for responding to questions about the data to which they authorize access.

Acceptable Use

Acceptable use is use which is authorized by the New York State Department of Health and is consistent with public health functions and state laws.

Unacceptable Use

Examples of unacceptable use are:

- for any illegal purpose
- to transmit threatening, obscene, or harassing materials
- to interfere with or disrupt network users, services or equipment
- distribution of any advertising materials or products
- propagation of computer worm or viruses
- using the network to make unauthorized entry to other communication devices or resources
- using the network to infringe upon any copyright protections applicable to programs and/or data available on the HPN.
- for personal profit, or gain
- advertising products or services
- for the distribution of Chain letters; or broadcasting messages to lists or individuals; or other types of use which cause congestion or otherwise interfere with the work of others
- for recreational activities
- to intentionally develop programs that harass and/or damage or alter the software components of a computer or computing system.

The guidelines established with the policy are intended to be illustrative of the range of acceptable and unacceptable uses of the HPN and its facilities and are not exhaustive. Questions about specific uses not given in this policy statement should be directed by e-mail to hinweb@health.state.ny.us. Reports of specific unacceptable uses must be reported by e-mail to security@health.state.ny.us and hinweb@health.state.ny.us immediately.

IV. DATA DISCLOSURE

Health data/information originating from the HPN is protected under state and federal confidentiality laws as well as NYSDOH policy/procedures. Employees or agents of HPN participant organizations who have acquired knowledge of personal or health data/information from the HPN **shall not disclose this information to any other person**, unless that person is authorized by the NYSDOH program area and has official reason to see that information.

V. ENFORCEMENT

Violations of this policy can result in termination of HPN services for the person(s) at fault. Unauthorized use, fraudulent use, abuse of computing on network facilities, or unauthorized disclosure of information will lead to suspension of the users account.

**VI. New York State Department of Health
HPN Document 2 – Individual Account Request**

I am requesting access to the HPN. I have read and understand this document (NYSDOH Health Provider Network [HPN] Individual User Security & Use Policy) and agree to the terms and conditions for HPN access and use. I fully understand that non-compliance can result in immediate suspension of network access, as well as investigation, and/or referral for appropriate action. I also understand that logging and monitoring of keystrokes and other monitoring activities may occur. I will not share my access with anyone else. This is my individual account. **I am responsible for any activity attributable to the use of this account.**

Name: _____ HPN/HIN User ID (if one exists) _____

Title: _____ Participant Organization: _____

Mailing Address: _____

Telephone: ____ - ____ - ____ ext. ____ Fax: ____ - ____ - ____

E-mail: _____

Type or print clearly a temporary access word unless you have a HIN/HPN account (**8 characters**) ____ _

What is the name of the application or HPN web page you need to use? _____

Your Signature (account requestor): _____

HPN Coordinator Name: _____ Telephone: ____ - ____ - ____ ext. ____

HPN Coordinator Signature: _____ Fax: ____ - ____ - ____

State of New York) ss.:
County of _____)

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared (account requestor name and HPN coordinator name) _____, _____, personally known to me or proved to me on the basis of satisfactory evidence, to be the individual(s) whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and by his/her signature on the instrument the individual executed the instrument.

Notary Signature on this line:

NOTARY SIGNATURE AND STAMP

DOH CAM or program contact to receive form : _____

NYS DEPARTMENT OF HEALTH USE ONLY (CAM or Program Completes the Following):

PARTICIPANT TYPE _____ **IDENTIFYING #** _____

The _____ has satisfactorily reviewed the Individual User HPN Security and Use Policy
(CAM or Program Area)

and confirms that the person above has legitimate reason to access the HPN. Should the HPN **user status** of the identified person **change** the Program agrees to notify the Bureau of Health Network Systems Management - Production Control Unit (BHNSM-PCU) immediately at **518/474 7835**. The original document has been maintained and we have provided the BHNMS-PCU with a clear, readable copy of this completed form.

(Sign)

(DATE)

(Print Name)

(Title)

Production Control Completes the Following:

HPN ID _____ PIN DATE _____ IPW DATE _____ INIT _____